



**BOARD OF BARBERING AND COSMETOLOGY**  
**P.O. BOX 944226**  
**SACRAMENTO, CA 94244-2260**  
**INFORMATION: (916) 445-0713 FAX (916) 445-6976**



## CERTIFICATION REQUEST

**\*Please note: The Board of Barbering and Cosmetology does not forward payments or documents FOR ANY REASON.**  
**Processing time to return money or documents to you may take up to 8 weeks.**  
**The Board *DOES NOT* certify hours, only licensure.**

License Number			
(Please type or print legibly in ink)			
Licensee's Current Name (First, Middle, Last)			
Licensee's Current Address      Number and Street      City      State      Zip Code			
Birthdate (mm/dd/yy)	Social Security Number <div style="text-align: center;">-   -</div>	Phone Number <div style="text-align: center;">(   )</div>	
State Requesting Certification (Outside of California)			
Complete Name <u>on Current License</u> (First, Middle, Last)			
Complete Address <u>on Current License</u> Number and Street      City      State      Zip Code			
<p align="center"><i>"I certify under penalty of perjury under the laws of the State of California, that all the information contained herein is true and correct."</i></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <b>Signature of Licensee</b> </div> <div style="width: 35%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <b>Date</b> </div> </div>			

- Do not include applications or documents from other State Boards with this request.
- All documents should be returned to the address at the top of this form.
- Please fill out this form completely and accurately. Incomplete forms will delay in processing your request.
- Please allow 4 to 6 weeks to process this request.